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## \*BIBDATASHEET\*

CONFIRMATION NO. 3301

Bib Data Sheet

SERIAL NUMBER 09/393,795	FILING DATE 09/10/1999  RULE	CLASS 435	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. CMCC683P2A											
<p>APPLICANTS <i>Jeng-Shin Lee, Lincoln, MA;</i> <i>ABZ 11/12/04</i></p> <p>JOHN T. GRAY, WEST ROXBURY, MA;</p> <p>RICHARD MULLIGAN, LINCOLN, MA;</p> <p>** CONTINUING DATA <i>OK ABZ</i></p> <p>This appln claims benefit of 60/100,063 09/12/1998 and claims benefit of 60/100,022 09/11/1998</p> <p>** FOREIGN APPLICATIONS <i>OK ABZ</i></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/29/1999</p> <table border="1"> <tr> <td>Foreign Priority claimed 35 USC 119 (a-d) conditions met</td> <td> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance         </td> <td>STATE OR COUNTRY MA</td> <td>SHEETS DRAWING 29</td> <td>TOTAL CLAIMS 49</td> <td>INDEPENDENT CLAIMS 17</td> </tr> </table> <p>Verified and Acknowledged Examiner's Signature <i>ABZ</i> Initials</p> <p>ADDRESS 21005 HAMILTON, BROOK, SMITH &amp; REYNOLDS, P.C. 530 VIRGINIA ROAD P.O. BOX 9133 CONCORD, MA 01742-9133</p> <p>TITLE PACKAGING CELL LINES</p> <table border="1"> <tr> <td>FILING FEE</td> <td rowspan="2">         FEES: Authority has been given in Paper          No. _____ to charge/credit DEPOSIT ACCOUNT          No. _____ for following:       </td> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td>RECEIVED 1252</td> <td> <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )  <input type="checkbox"/> Other _____       </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 29	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 17	FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees	RECEIVED 1252	<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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<b>ADDRESS</b> 21005				
<b>TITLE</b> PACKAGING CELL LINES				
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